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CONFIRMATION NO. 7263

<b>SERIAL NUMBER</b> 10/681,651	<b>FILING OR 371(c) DATE</b> 10/08/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 2004367-0029
<b>APPLICANTS</b> Lawrence A. Shimp, Morganville, NJ; David Knaack, Holmdel, NJ;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/416,904 10/08/2002 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/21/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Kennedy</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 84
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 24280				
<b>TITLE</b> Coupling agents for orthopedic biomaterials				
<b>FILING FEE RECEIVED</b> 1286	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	